

GENERAL CHECKLIST FOR ATHLETIC TRAINER APPLICANTS

**** Questions? Call (208) 327-7000, extension 229, or e-mail jodi.adcock@bom.idaho.gov ****

No practice is permitted prior to receipt of a license number.

Applicants are advised not to enter irrevocable contracts, purchase or sales agreements, on the assumption that licensure will be granted.

Fee(s) must accompany application. **APPLICATION WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE(S).** See your application summary regarding the amount to be sent with your application. Checks or money orders are to be made payable to the Idaho State Board of Medicine.

Applications must be on forms provided by the Board and all sections must be complete. Please type or print in ink. Applications must be legible.

Front page of application: If applicant has not applied for registration/licensure in other states, write “Not Applicable” in the appropriate section.

Back page of application:

Chronological account of time – Account for **all** periods of time beginning with the month of graduation to the present time, leaving no gap in time of more than one month. Attach additional pages if necessary.

Questions – Answer all questions 1-8. Provide details, if necessary, on a separate sheet. Court documents may be required.

Photo(s) – Does not need to be a professional photo, but no instant photos, and no Polaroid photos. A **clear** and **in focus** 3”x4” snapshot taken of the head and shoulders only, with a 35mm camera, is a good choice. **Clear** and **in focus** digital camera photos are acceptable as long as they are printed on photo quality paper. A signature on the front of the photo is **required**.

Notarized – Application must be notarized and signed in **all** of the appropriate places.

Directing Physician Form: Fill in the top section. This form is required from your directing physician unless your directing physician is a chiropractor. **DIRECTING PHYSICIAN REGISTRATION FEE MUST ACCOMPANY THIS FORM IF PHYSICIAN IS NOT ALREADY REGISTERED.** Names and addresses must be legible. Chiropractic physicians need to register with the Bureau of Occupational Licenses, not the Board of Medicine.

Certificate of Professional Education: Fill in the top section. Be sure to indicate the degree **and** the field of study, the date degree was received, and sign **at the bottom** of the section. Send this form to the school (Registrar or Program Director) where applicant received professional education. The school will then send the form to the Board of Medicine.

Certificates of Recommendation: This form may be duplicated. Fill in the top section. Send this form to **two** individuals who have known the applicant professionally for at least **one** year (**no relatives**). Recommendations must be on the form provided or on letterhead addressed to the Board. Names and addresses must be legible.

Verification of Licensure/Registration: This form may be duplicated. This is required from every state where the applicant has ever held a license/registration and must come directly from the state to the Board. **NOTE:** Most states require a fee for this service, paid in advance. It is strongly suggested that you contact the state(s) prior to sending your request to prevent delays and to determine the best way to send required fees.

Athletic Training Service Plan or Protocol (Form 7): Fill in top section. Form **must** be signed by applicant and directing physician and notarized by a notary public. Once complete, form **must** be returned to the Board of Medicine. **NOTE:** Most physicians have a notary public in their office.

Athletic Training Service Plan or Protocol (Form 8, pgs. 1-4): To be completed by applicant and directing physician (and alt. directing physician, if applicable). Practice site(s) listed should be main practice site with contracted sites listed below it. Travel sites do not need to be listed. **DO NOT SUBMIT YOUR ATHLETIC TRAINING SERVICE PLAN OR PROTOCOL (FORM 8, PGS. 1-4) TO THE BOARD OF MEDICINE WITH YOUR APPLICATION FOR LICENSURE.**

FAXED supporting documents can be accepted, but the hard copy is required as well. The applicant's section of the application cannot be faxed. FAX# (208) 327-7005.

PLEASE NOTE: Forms received prior to receipt of application and licensure fee will be held in a "Misc. Forms" file for up to one year. After one year, the forms will be thrown away.